

F. F. Thompson Hospital  
MANAIGUA, NEW YORK

## HISTORY AND PHYSICAL EXAMINATION

NAME	AGE	85	HOSP. NO.	T-8451
PHYSICIAN	Dr. Bathrick	DATE	4-15-82	ROOM NO. ICU

Please complete this form in the following order: Chief Complaint, Present Illness, Past History, Familial History, Physical Findings and Impression:

CC:

Abdominal pain.

PI:

Began about 11 p.m. on the evening prior to admission when the patient complained of abdominal pain. This was brought to the attention of the nurse in the HRF where she is a resident. She was given antacid with little help. At approximately 1:30 a.m. I was called. Blood count and abdominal x-rays were obtained. These suggested the possibility of intestinal obstruction and she was transferred to the Acute Hospital. Nasogastric tube and IV was started. She was seen in consultation by Dr. Carpenter who agreed that obstruction was probably present and she was scheduled for surgery to be performed early in the morning.

PH:

Significant and well documented in the old records and includes the use of transverse colostomy, subsequent sigmoid resection for extensive diverticulosis and subsequent end to end re-establishment of the colon. This was done in the summer of 1980. She has been a chronic resident in the HRF receiving essentially supportive custodial care.

Remaining past history is documented in old records.

PE:

General:	Reveals a well developed, well nourished, 85 year old white female lying on stretcher bed complaining bitterly of abdominal pain. She was cooperative, oriented and alert.
BP:	180/80
Pulse:	90 and regular.
Head & Neck:	No nuchal rigidity or neck vein distention.
EENT:	Sclera clear. Pupils were small and reacted to light. Round regular and equal pupils. Mucous membranes were intact without cyanosis.
Chest:	Symmetrical.
Lungs:	Clear to P & A.
Heart:	Regular. No murmurs.
Breasts:	Without masses.

SIGNED \_\_\_\_\_

M.